

CORRECTED

District Nutrition Workshops 2006

For All Foodservice Personnel

Sponsored by: School Nutrition Association Iowa and Bureau of Nutrition Programs and School Transportation

SCHOOL MEALS-SERVING UP GOOD HEALTH

There will be 5 District Workshops held through out Iowa – all covering the following agenda. You may attend any of the workshops – choose the location and the date that works best for you!

Site # 1 = February 25-District IV

Middle School
500 N. Grand Ave.

Charles City, IA

Contact: Sue Ellen Rathbun
563-568-6089

Site #2 = March 4-District III

Saydel High School
5601 NE 7th St.

Des Moines, IA

Contact: Kathy Nervig
515-264-0866

Site #3 = March 11-District I

Davenport Central High School
1120 Main St.

Davenport, IA

Contact: Donna Housley
563-386-9588

Site #4=March 25-District V

Kirn Jr. High
100 N. Ave & Hwy 6

Council Bluffs, IA

Contact: Beverly Archer
712-328-6502

Site #5=April 8-District II

Muscatine Schools Administration Center
2900 Mulberry Ave.

Muscatine, IA

Contact: Ginger Brown
319-351-1473

Agenda for the Workshop

8:30 –9:00	Registration & Continental Breakfast
9:00 – 9:30	Update from The Bureau of Nutrition Programs & School Transportation
9:30 – 10:30	Creating Food Safe Schools—a How to Guide
10:30 – 10:45	Break
10:45 - 11:45	Healthier USA School Challenge
11:45 – 12:45	LUNCH
12:45 – 2:15	Focus on the Customer
2:15 - 3:15	Review of School Wellness and HACCP Programs

Registration cost \$9.00 for SNAI members, \$12 for non-members

Please mail checks payable to SNAI to:
Norma LaMantia, Assoc. Manager
3232 Fernwood Court
Davenport, IA 52807
sna Iowa@msn.com

To have your questions answered call or email:

Diana Weber—Education/Nutrition Chair
515-382-3521, ext. 251 or cell no. 515-291-8717
dweber@mail.nevada.k12.ia.us

You will receive 5 CEU's (Continuing Education Credits) for attending this Workshop

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REGISTRATION FORM

Name: _____
School: _____
Address: _____
City: _____
Phone: _____
Email: _____

Site# and Date you wish to attend: _____

List others that plan on attending (use back if needed)

\$9.00 (or \$12.00) per person X _____ = \$ _____

attending _____ amount enclosed _____

For planning purposes: PLEASE send registrations in at least 2 weeks prior to the workshop you are attending.